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APPLICANTS

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** CONTINUING DATA *****
 This application is a CIP of 09/997,361 11/30/2001 PAT 6,851,430
ok ced

** FOREIGN APPLICATIONS *****
none ced

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Andreas ced</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 6
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TITLE
 Minimal access apparatus for endoscopic spinal surgery

FILING FEE RECEIVED 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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